06-01-06

EXPRESS MAIL NO. EV718203087US



TRANSMITTAL **FORM**

(To be used for all correspondence after initial filing)

10/613,525
July 3, 2003
Hiroyasu Inoue
1774
Elizabeth Evans Mulvaney
890050.433

ENCLOSURES (check all that apply)												
Fee Transmittal Form Fee Attached Amendment/Response After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement and Transmittal Cited References Certified Copy of Priority Document(s) Response to Missing Parts under 37 CFR 1.52 or 1.53 Response to Missing Parts/Incomplete Application		Drawing(s) Request for Corrected Receipt Licensing-related Pape Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation, Change of Correspondence Addred Declaration Statement under 37 CF 3.73(b) Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table of	Filing After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Return Receipt Postcard Return Receipt Postcard CR Other Enclosure(s) (please identify below): English Translation of Japanese Patent Application No. 2002-196335									
Remarks												
	SIGNATUE	RE OF APPLICANT, ATTOR	RNEY OR AGENT									
Firm Name		ctual Property Law Group PL	Customer Number									
Signature	Fle	5										
Printed Name	Hai Han											
Date	June 7, 2006	5	Reg. No. 54,150									
CERTIFICATE OF TRANSMISSION/MAILING												
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.												
Signature	** S	ENT VIA EXPRESS MAIL *	*									
Typed or printed n	ame		Date:									
,		50, Alexandria, VA 22313-1450.										

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EXPRESS MAIL NO. EV718203087US

/	Econo umusat to the	Consolidated Appr	ongiations Act	000E /U D 4011	۰, ا	Complete if Known					
3	Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).			5).	Application Number 10/613,525						
					Filing Date		July 3, 2003				
	ر ا الله الله الله الله الله الله الله ا			ļ	First Named	Inventor	Hiroyasu Inoue				
M						Examiner N	lame	Elizabeth Evans Mulvaney			
۸_	Applicant claims small entity status. See 37 CFR 1.27					Art Unit		1774			
<u>', wi</u>	AMOUNT OF PAYMENT (\$)560					Attorney Docket No. 890050.433					
	METHOD OF PAYMENT (check all that apply)										
	Check Credit Card Money Order Other (please identify):										
	Deposit Account Deposit Account Number: 19-1090 Deposit Account Name: Seed IP Law Group PLLC										
	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
	_ = -	e(s) indicated				Charge fee(s) indicated below, except for the filing fee					
	Charge any additional fee(s) or underpayments Charge any underpayments or credit any overpayments									erpayments	
	of fee(s) under 37 CFR 1.16 and 1.17 Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and										
	authorization on PTO-203	88.					**				
	FEE CALCULATIO	•		•		or may be si	ubject to a	surcharge.)			
	1. BASIC FILING,	SEARCH, AN	D EXAMINA	TION FEES	•						
		FILING	FEES	SE	ARCH	FEES		INATION EES			
ł								Small			
			Small En	<u>tity</u>		Small Entity	L	<u>Sman</u> Entity			
	Application Type	Fee (\$)	Fee (\$)	<u>Fee (\$</u>	5)	Fee (\$)	Fee (\$)	Fee (\$)	Fe	es Paid (\$)	
	Utility	300	150	500		250	200	100			
	Design	200	100	100		50	130	65			
	Provisional	200	100	0		0	0	0			
	2. EXCESS CLAIM	FEES								Small Entity	
	Fee Description							1	Fee (\$)	Fee (\$)	
	Eåch claim over 20 (i	ncluding Reiss	ues)						50	25	
	Each independent cla	aim over 3 (incl	uding Reissu	es)					200	100	
	Multiple dependent c	laims							360	180	
	Total Claims	Extra Cla	<u>aims</u>	Fee (\$)		Fee Paid	<u>(\$)</u>	Multiple	Iltiple Dependent Claims		
	27 -20 or HF) = <u>1</u>	X	<u>50</u>	=	<u>50</u>		Fee (\$) Fee		ee Paid (\$)	
	HP = highest number	er of total claim	ns paid for, it	greater tha	n 20.						
	Indep. Claims	Extra Cla	aims	Fee (\$)		Fee Paid	(\$)				
	4 -3 or HP	= <u>1</u>	X	<u>200</u>	=	<u>200</u>					
Ì	HP = highest number	er of independe	ent claims pa	aid for, if gre	eater tl	han 3.					
	3. APPLICATION S	SIZE FEE									
	If the specification a										
	under 37 CFR 1.52(thereof. See 35 U.S) (\$12	5 for small er	ntity) for ea	ch additional :	50 sheet	s or fraction	
			•	. ,	ام ما م	ditional EO a	fun ation :	thereof Ec	~ / ¢ \	Foo Doid (#)	
	Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)										
	100 = /50 = (round up to a whole number) x										
	4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)										
	•		•	-	•			01-1		400	
	Other (e.g., late filing surcharge): Submission of Third Supplemental Information Disclosure Statement 180										
Q	Terminal Disclaimer Fee Under 37 CFR 1.20(d) 130										
-	CURAITTED DV										
+	SUBMITTED BY Registration No. 54 150 Telephone 206 622 4000										
						ney/Agent)	54,150	Telephone	206-62	2-4900	
Ī	Name (Print/Type) Hai Han							Date	June 7	, 2006	